

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
07/638 063

FILING DATE  
68-1500

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	2						56					
7	2						57					
8	0						58					
9	1						59					
10	1						60					
11	1						61					
12	2						62					
13	2						63					
14	1						64					
15	1						65					
16	1						66					
17	2						67					
18	2						68					
19	3						69					
20	2						70					
21	3						71					
22	1						72					
23	2						73					
24	2						74					
25	1						75					
26	2						76					
27	1						77					
28	1						78					
29	3						79					
30	3						80					
31	1						81					
32	2						82					
33	1						83					
34	1						84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3											
TOTAL DEP.	53	↔		↔		↔						
TOTAL CLAIMS	56											